

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER VILLAGE NORTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>11050 PRESBYTERIAN DR</b> <b>INDIANAPOLIS, IN 46236</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00154290 and IN00154377.</p> <p>Complaint IN00154290 Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00154377 Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 19, 20 2014</p> <p>Facility number: 000084 Provider number: 155167 AIM number: 100284600</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 111 Residential: 86 Total: 197</p> <p>Census payor type: Medicare: 30 Medicaid: 52 Other: 115 Total: 197</p> <p>Sample: 3</p> <p>Westminster Village North was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00154290 and IN00154377.</p> <p>Quality Review 08/21/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE